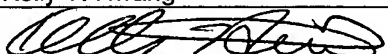


| | | | |
|---|-----------|---|--|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. LOREAL 3.0-015 | |
| | | First Inventor Patricia Desenne | |
| | | Title COMPOSITION FOR DYEING KERATINOUS FIBERS, COMPRISING AT LEAST ONE POLYCARBOXYLIC ACID OR A | |
| | | Express Mail Label No. | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 51] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure | | a. <input type="checkbox"/> Computer Readable Form (CRF) | |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> | | b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper | |
| 5. Oath or Declaration [Total Sheets <input]<br="" type="text"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | c. <input type="checkbox"/> Statements verifying identity of above copies | |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | ACCOMPANYING APPLICATION PARTS | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ | | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney | |
| 19. CORRESPONDENCE ADDRESS | | 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| <input checked="" type="checkbox"/> Customer Number: 000530 OR <input type="checkbox"/> Correspondence address below | | 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | |
| Name | | 13. <input type="checkbox"/> Preliminary Amendment | |
| Address | | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| City | State | Zip Code | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) |
| Country | Telephone | Fax | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| Name (Print/Type) Kelly Y. Hwang | | Registration No. (Attorney/Agent) 51,831 | |
| Signature  | | Date March 25, 2004 | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| FEE TRANSMITTAL for FY 2004 | | | | Complete if Known | |
|--|--|--|--|--------------------------|-----------------------|
| <i>Effective 10/01/2003, Patent fees are subject to annual revision.</i> | | | | Application Number | Not Yet Assigned |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | Filing Date | Concurrently Herewith |
| TOTAL AMOUNT OF PAYMENT (\$) | | | | First Named Inventor | Patricia Desenne |
| 1,672.00 | | | | Examiner Name | Not Yet Assigned |
| | | | | Art Unit | N/A |
| | | | | Attorney Docket No. | LOREAL 3.0-015 |

| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: | <input type="checkbox"/> Money Order | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | | |
| Deposit Account Number: 12-1095 | | | |
| Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP | | | |
| The Director is authorized to: (check all that apply) | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input checked="" type="checkbox"/> Credit any overpayments | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |

| FEE CALCULATION | | | | | |
|--|--------------|----------|----------|--|-----------------|
| 1. BASIC FILING FEE | | | | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 1001 | 2001 | 770 | 385 | Utility filing fee | 770.00 |
| 1002 | 2002 | 340 | 170 | Design filing fee | |
| 1003 | 2003 | 530 | 265 | Plant filing fee | |
| 1004 | 2004 | 770 | 385 | Reissue filing fee | |
| 1005 | 2005 | 160 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | 770.00 |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | |
| Total Claims | 54 | -20** = | 34 | x | 18.00 = 612.00 |
| Independent Claims | 1 | -3** = | | x | 0.00 = 0.00 |
| Multiple Dependent | | | | x | 290.00 = 290.00 |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid |
| 1202 | 2202 | 18 | 9 | Claims in excess of 20 | |
| 1201 | 2201 | 86 | 43 | Independent claims in excess of 3 | |
| 1203 | 2203 | 290 | 145 | Multiple dependent claim, if not paid | |
| 1204 | 2204 | 86 | 43 | ** Reissue independent claims over original patent | |
| 1205 | 2205 | 18 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | | | 902.00 |
| **or number previously paid, if greater; For Reissues, see above | | | | | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|----------------|-----------------------------------|----------------|
| Name (Print/Type) | Kelly Y. Hwang | Registration No. (Attorney/Agent) | 51,831 |
| Signature | | Telephone | (908) 654-5000 |
| | | Date | March 25, 2004 |